MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
	1		1		
	1		1		
1			1		
1			1		
1			1		
	1		1		
	7		1		
	0		1		
	0		1		
	0				
	0		1		
	0				
	0		1		
1		1			
1	1		1		
	0		1		
	0		1		
	0		1		
	0				

TOTAL IND.		2			
TOTAL DEP.		18			
TOTAL CLAIMS		20			

	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS